

Integrated Front Door (ChECS) Operational Procedures

Children in Need and Child Protection

June 2018

Policy Information Sheet

Service Area	Children in Need and Child Protection
Date effective from	16 th July 2018
Responsible Officer	Naomi Banks (Service Manager)
Date for Review	January 2020
Status <ul style="list-style-type: none"> Mandatory (all staff name must adhere to guidance) Optional (Procedures and practice can vary between teams) 	Mandatory
Target Audience	All Staff
Date of CSLT Decision	
Related Document(s)	Timely Support for Children and Families in Cheshire East: Guidance on Thresholds of Need
Superseded Documents	ChECS Operational Procedures 2017
Equality Impact Assessment	Yes
Approved by	

Type of Document	Policy		Standard Operating Procedure	X	Guideline	
-------------------------	---------------	--	-------------------------------------	----------	------------------	--

Document control

Version no	Type of change	Date	Description of change

Equality Impact Assessment

Equality Impact Assessment			
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	Yes /No	Comments
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	Yes	Service is for children age 0-18
	Disability-learning disabilities, physical disability, sensory impairment and mental health problems	No	
2	Is there any evidence that some groups are affected differently?	No	
	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	
3	Is the impact of the policy/guidance likely to be negative?	No	No
a	If yes can the impact be avoided?	NA	
b	What alternatives are there to achieving the policy / guidance without the impact?	NA	
c	Can we reduce the impact by taking different action	NA	

Contents

Executive Summary	4
1. Introduction and Policy Context	4
2. Principles	5
3. Information Sharing	6
4. Workflow	7
5. Consultation and Referrals	8
6. Escalation Process	9
7. Early Help Brokerage (EHB)	9
8. Performance Management / Audit	9
9. Guidance for Staff in the IFD re Police VPA's.....	10
10. IFD Team Structures	12
11. Calls to the IFD.....	14
12. Useful Links.....	15
13. Screening Tools.....	16

Executive Summary

The purpose of the document is an up-date on the current Cheshire East Consultation Service procedures. The team is now referred to as the Integrated Front Door. It includes the principles of Cheshire East front door service and the process for cases that require no further action/ early help or a child social care assessment.

1. Introduction and Policy Context

- 1.1 The Integrated Front Door (IFD) is the team based within a multi-agency hub. The IFD deal with the initial contact regarding all levels of need. Contact with the IFD maybe from partner agencies, the public or families themselves

requesting support and advice. The service is staffed by qualified and experienced Social Workers and Practitioner Support Officers who give advice about cases across the levels of need.

- 1.2 The IFD has increased the support to all professionals working with children and families across Cheshire East ensuring that early help and support is available to children and families and that they receive the right help at the right time.
- 1.3 The procedures within this document reflect the guidance issued in Working Together to Safeguard Children 2013 and 2015 alongside significant pieces of legislation and guidance including:
 - Children Act (1989) and Children Act (2004)
 - Education Act (1996, 2002)
 - Special Educational Needs and Disability Act (2001)
 - Disability Discrimination Act (1995, 2005)
 - Human Rights Act (2000)
 - Data Protection Act (2003)
 - Information Sharing: Guidance for practitioners and manager (2008)
- 1.4 This procedure should be used in conjunction with other [Children and Families Policies and Procedures](#), [LSCB procedures](#) and the Liquid Logic system.
- 1.5 The IFD includes a team of social workers but also the Early Help Brokerage responsible for advising and processing all early help referrals.

2. Principles

- 2.1 All children have the right to safe care and protection.
- 2.2 The IFD can be the first point of call dealing with all levels of enquiry to partner agencies, the public or children and families themselves.
- 2.3 [Multi-agency Referral Forms \(MARF\)](#) should follow all consultations where the decision has been made to progress to a referral to the Early Help Brokerage or to the Child in Need/ Child Protection Teams.
- 2.4 There will be an expectation that partner agencies working with children and their families would have completed specific tools to inform decision making at the front door. For example the [Child Sexual Exploitation Screening Tool](#), the Brookes traffic light tool, the [Neglect screening tool](#), Graded Care Profile (2), or the Drug and Alcohol screening tool.
- 2.5 Consultation needs to include clear agreement on the level of need, who is taking the case forward and any offer of assistance from Children and Family Services.
- 2.6 The IFD have adopted a Signs of Safety approach to questioning and jointly agreeing decisions with partner agencies.

- 2.7 The professional who makes contact with the IFD is responsible for advising children and families of the intention of making a referral (exceptions to this are described under 3.6).
- 2.6 Decisions will be made expeditiously on issues at all levels of need; within 72 hours where a safeguarding issue is identified and one hour if a Child Protection investigation is necessary (s47) and 5 days for those contacts requiring early help information and advice.
- 2.8 Feedback on the outcome of consultations to the referrer is an integral part of multi-agency working together.
- 2.9 Children and families have a right to know that contact has been made with the IFD.

3. Information Sharing

- 3.1 Quality sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.
- 3.2 Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place child protection services.
- 3.3 Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. (Working Together 2013 and 2015)
- 3.4 Detailed guidance for workers about sharing information can be found in: [Information Sharing: Advice Safeguarding Practitioners \(2015\)](#). However this needs to be read in line with current data protection law including GDPR and the Data Protection Act 2018. While this guidance needs to be updated there is nothing substantively incompatible with the current law.
- 3.5 It is the responsibility of the practitioner who is seeking a consultation to ensure that they have informed the child and family they are working with about the consultation.
- 3.6 There are exceptions to informing parents when this itself may place a child at risk of significant harm, or on other legal grounds when the sharing of information is for the protection or welfare of a child. (Please see appendix 1 Legislative Powers) Examples where seeking consent may cause harm include:
 - where sexual abuse is suspected or disclosed;
 - where Fabricated or Induced Illness is suspected (please see LSCB guidelines on suspected FII cases.)
 - where there are fears for the safety of the child due to possible action by members of their family

- where it is not possible to contact the person needs to be informed and immediate and prompt action is required to establish or ensure the child's safety
- 3.7 Practitioners in the Integrated Team will share information with each other as per the LSCB information Sharing Protocol 2015, and the [Privacy Notice information for Professionals and Family members](#). This means that relevant information will be shared within the Integrated Team on cases that are open as contacts, or that may come through as a contact from the Police. In most circumstances parents will be aware of the contact, and agencies who will be contacted as part of the assessment process.
- 3.8 CAF/CASS / Probation and other checks are sent to the Unit Coordinator; on non-open cases these are completed by the Unit Coordinator with a Social Worker in the IFD having an overview of the issues. On open cases these are sent to the area team to complete and send back to the referring agency with the most up to date information.

4. Workflow

- 4.1 All calls initially go through to the Unit Coordinator who will check Liquid Logic to ascertain whether it is an open case. In these circumstances the case will be transferred directly to the relevant team.
- 4.2 The Unit Coordinators will ask for key information such as name of the child, date of birth and the address if known including postcode as well as the concerns the caller may have.
- 4.3 If the call is about a child whose record is closed or who is not previously known then the Unit Coordinator will check Liquid Logic on both the LCM and EHM for any information to be passed to a Social Worker or Practitioner Support Officer within the IFD.
- 4.4 Where a Multi-Agency Referral Form (MARF) has been sent the Unit Coordinator will check on Liquid Logic before passing to a Social Worker / Practitioner Support Officer (PSO).
- 4.5 Requests for information on open cases will be sent through to the allocated Social Worker and Team and will not be recorded as a contact via the IFD. These contacts could take the form of Police notifications, HMP notifications, other statutory requests for information, telephone contact etc. The receiving team must acknowledge receipt of the information.
- Information on open cases should be recorded on a case note (not a Contact) by the Social Worker/team that is responsible for the case, for example actions arising from MAPPA / MARAC meetings.

- If groups such as MARAC / MAPPA have concerns about a child, the same process around referrals should be followed by the appropriate professional.
- Where notifications are received about adults who are a risk to children this will be loaded by the Unit Coordinator unless there is an indication that there are links to known children. In these cases, information will be passed to a Social Worker in the IFD. Loading of prison moves is not required; release dates and community addresses should be loaded.

5. Consultation and Referrals

5.1 The caller will be given certain options;

- Option 1- School Admissions/ School Transport/ Free School Meal
- Option 2- Case already open to a social worker further options; 1. Crewe CIN/CP 2. Macclesfield 3. Cared For Children 4. Fostering 5 adoption.
- Option 3- Integrated Front Door Unit Co-ordinators.
- Option 4 Family Information Service

5.2 Family Information Services (FIS) will provide a comprehensive front line service advising parents and carers on a diverse range of services and information available within Cheshire East on childcare, early education and funding. These services cover a wide range of needs including support services such as counselling and special needs, FIS will assist in signposting customers to the relevant contact to ensure all enquires are dealt with efficiently and effectively. Please see FIS procedures; Early Years processes.

5.3 Callers should be aware of the IFD Privacy Notice; please see link at the end of these procedures on page 15.

5.4 If the caller wishes to discuss CAF support or early help advice/ intervention the call will initially be taken by the Unit Coordinators. If the case is to sit at level 2/3 and requires early help intervention this will then be passed to a PSO in the Early Help Brokerage.

5.5 If the IFD option is chosen indicating a Children's Social care referral is necessary, the Social Worker will require that a Multi- Agency Referral Form (MARF) is completed. This will need to be received within 48 hours or immediately if a S47 / Child protection concern is identified.

5.6 Social workers will clearly outline on the contact the actions they have taken including checks they have undertaken to inform decision making, the advice they have given and the recommendations for further action. This will take the form of the Signs of Safety with what needs to happen, a danger statement and scaling. An initial safety plan will be agreed prior to cases progressing to social care or the early help where required

- 5.7 Team Managers and Advanced Practitioners will have oversight and sign off on all contacts and referrals to ensure that decision making is appropriate and timely. All decisions will be made and recorded within 24 hours of the consultation and within 1 hour if Child Protection / S47 Inquiry in line with Working Together 2015.

6. Escalation Process

- 6.1 If there is a disagreement at the conclusion of discussion between the referrer and the IFD worker with regards to the proposed level of need and actions and recommendations, the professional requesting the advice must discuss this with his/her line manager and the IFD worker will discuss with the Team Manager. Managers should then agree actions and by whom.

7. Early Help Brokerage (EHB)

- 7.1 EHB complete the early help referrals at the Front Door working very closely with the IFD social workers and managers. The team consists of 4 PSO posts a BSA, a Police Officer and 2 Family Service Managers.
- 7.2 The PSO's gather information from children, families and partners to assess the needs of individual children and their families ensuring appropriate support is put in place by early help services giving children the best opportunities in life. These services can be in house, Cheshire East Family Service, Youth Prevention Team, Youth Services, commissioned services such as CLASP and services from the voluntary and private sector. From gathering information if safeguarding concerns are highlighted then EHB managers work closely with the IFD team managers to escalate children to child social care for a further assessment.
- 7.3 EHB provides daily Signs of Wellbeing / CAF support to partners. Support is given by phone calls, emails and face to face visits either one to one or groups of professionals. EHB have a quality assurance role in respect of CAFs and support partners to look at services in the community that may help the child and family. There are clear actions in place to get the best outcomes for the child and family. All EHB workers are committed to building relationships with partner agencies to support services in the community for children and families.
- 7.4 EHB plans and delivers Signs of Wellbeing and CAF training to professionals, Cheshire East voluntary, private and local authority staff on a rolling programme.

8. Performance Management / Audit

- 8.1 A structure has been put in place to ensure that there is robust performance management data which captures the range of activities that are undertaken by IFD produced on a monthly basis.

- 8.2 Team Managers within the IFD will file audit, using the Signs of Safety file audit templates, 2 cases per month as required by the Quality Assurance Safeguarding Team within Cheshire East.
- 8.3 The Service Manager or Team Managers will file audit those cases that have gone over 5 days to process.
- 8.4 The Service Manager or Team Managers will audit 10 Vulnerable Persons Assessments (VPA's) with the Sergeant of the PPU to ensure appropriate information is sent through to process within the IFD.
- 8.5 Thematic audits takes place throughout the year by Service Managers

9. Guidance for Staff in the IFD regarding Police VPA's

- 9.1 The Police primarily use the Vulnerable Person's Assessment (VPA) as a Tool to provide some analysis and historical information related to children's cases where there has been an incident of concern. The VPA might be related to a child or an adult, but if there are children within the family, these are the VPA's that are considered by the PPU.
- 9.2 The Police Officer who completes such an assessment will grade the VPA from Low, to Medium, and to High Risk (with several areas in between i.e.; medium/high risk etc.).
- 9.3 The Police in the Public Protection Unit (PPU) ensure that they prioritise VPA's which are classed as high risk. The Detective Sergeant within the PPU ensures that these are prioritised. Any VPA's waiting for an outcome will be lower level VPA's and the Police will ensure that all VPA's are screened, and high risk cases to medium passed to social care promptly (within 24 hours for most, and for Section 47 level cases immediately)
- 9.4 A police constable in the Unit has responsibility for triaging the standard VPA's every day. He will complete basic checks on the VPA, and consult the Niche and CAVA database where required.
- 9.5 This police Officer will also change the grading of the VPA either upwards, or downwards, depending on further information additions/checks, and will use specific Police risk assessment tools (e.g. 'National decision Making Model.')
- 9.6 This Police Officer will consult the Social Worker in the IFD who is working on Sharepoint around any cases that he/she is unsure about whether to send through to process (cases where the level of need is assessed as very low). The Duty Social Worker will make a decision whether to load these VPA's as contacts.
- 9.7 Auditing of these VPA's that do not get sent to the IFD will happen between the IFD and the Police to ensure consistency in decision making and ensure

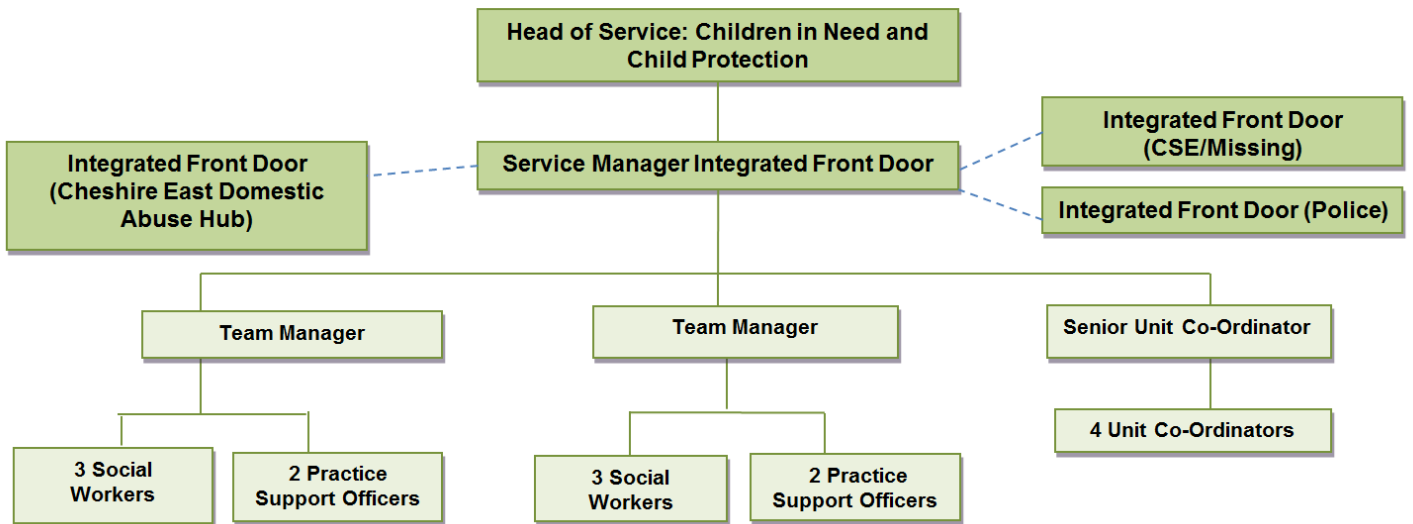
that all cases that require consideration at the IFD are being seen, and cases that are unnecessary are filtered out based on sound decision making on both sides.

- 9.8 If the VPA is of poor quality, the DS in the PPU will alert the Police Officer responsible and their sergeant to improve practice.
- 9.9 New workers to the IFD will complete an induction with the Police team. The IFD will offer police staff the same induction.

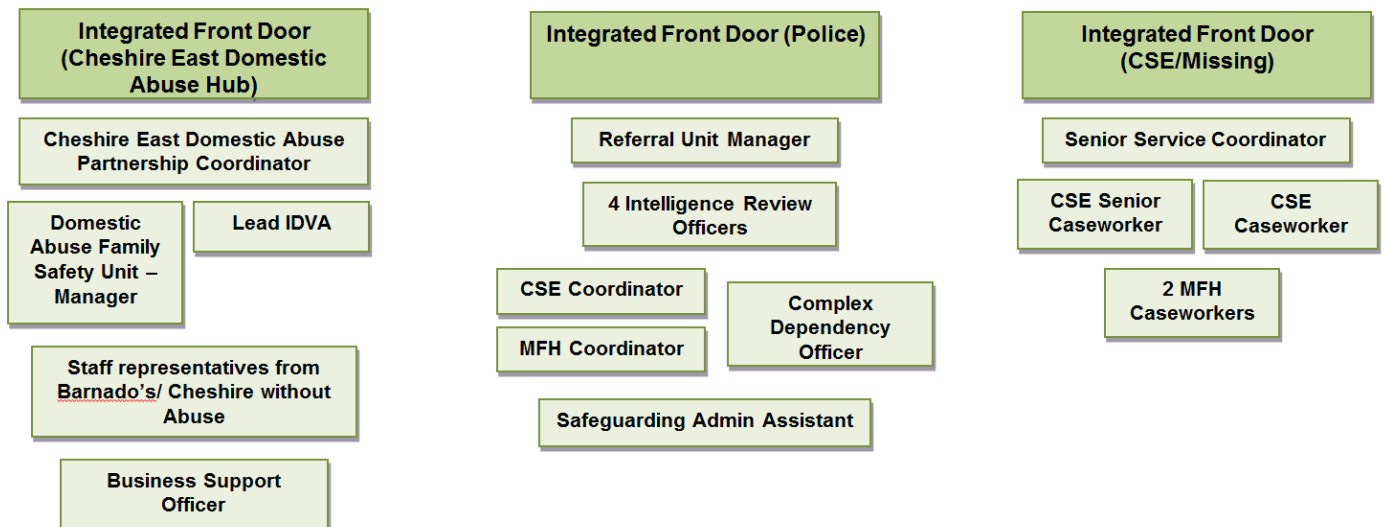
10. Integrated Front Door Team structure

10.1 The structure of this team is outlined in the diagrams below.

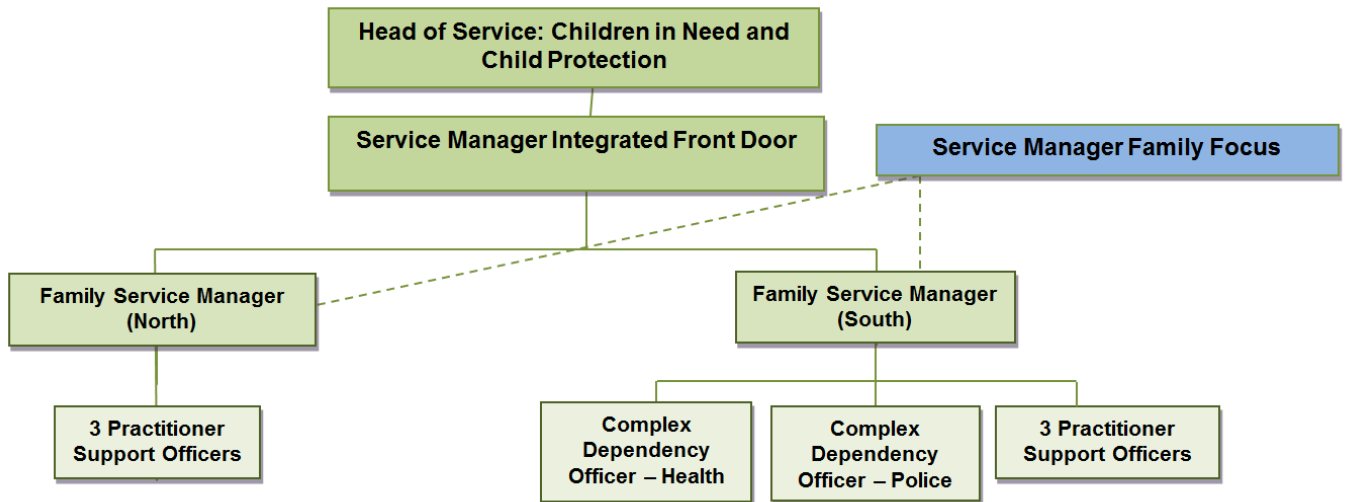
Cheshire East Consultation Service (ChECS)



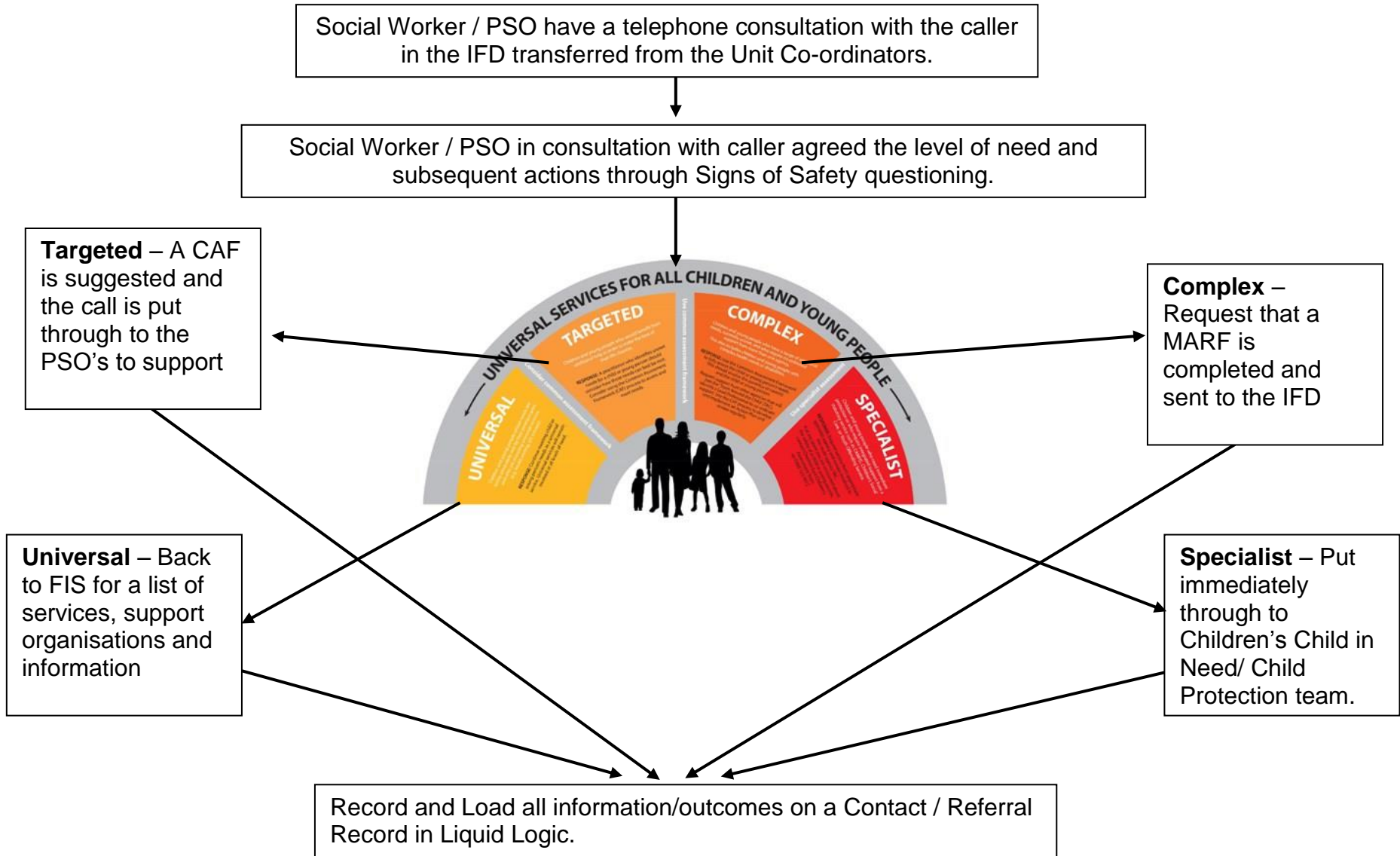
Cheshire East Consultation Service (ChECS)



Early Help Brokerage



11. Diagram 2 – Calls to Cheshire East Integrated Front Door



12. Useful Links

- [Multi-Agency Referral Form](#)
- [Timely Support for Families: Guidance on the Thresholds of Need](#)
- [Cheshire East Children and Families Privacy Notice](#)

13. Screening Tools

- [CSE Screening Tool](#)
- [Graded Care Profile](#)
- [Neglect Screening Tool](#)